

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14051

1. PLACE OF DEATH

County Jackson
Township Two
City Kansas City Mo (No. Wesley Hosp. 117 & Hammond St) Ward

Registration District No. 399
Primary Registration District No. 1002

File No. 1534
Registered No. 1534

2. FULL NAME

Henry C Fliege
(a) Residence, No. 1328 Spruce St. Leav Mo
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Louise Fliege

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Unknown

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>62</u>			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Engineer 34
(b) General nature of industry, business, or establishment in which employed (or employer). Honorary
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER

Wilcox

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT Mrs Louise Fliege
(Address) 1328 Spruce St. Leav Mo

15.

FILED 4/1, 1931 M. M. Browne
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1, 1931

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1931, to April 1, 1931, that I last saw him alive on Mar. 31, 1931, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post-operative embolism
127A
091A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 24, 1931

WAS THERE AN AUTOPSY? ⓪

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. J. Maria, M. D.

4/1, 1931 (Address) 926 Mcgee R.C.Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Monica Park
Leav Mo 4/1, 1931

20. UNDERTAKER

ADDRESS

J. C. Davis Leav Mo
Leav Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

